Case 17-81120 Doc 1 Filed 05/10/17 Entered 05/10/17 14:53:14 Desc Main Document Page 1 of 51

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	your pictu exar licer Brin- iden	e the name that is on a government-issued ure identification (for mple, your driver's use or passport). If your picture tification to your ting with the trustee.	James First name D. Middle name Sundly Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)
2.	use Inclu	other names you have d in the last 8 years ade your married or den names.		
3.	you num Indi	y the last 4 digits of r Social Security aber or federal vidual Taxpayer utification number	xxx-xx-9154	

Case 17-81120 Doc 1 Filed 05/10/17 Entered 05/10/17 14:53:14 Desc Main Document Page 2 of 51

Case number (if known)

Debtor 1 James D. Sundly

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have ☐ I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years **FDBA** Rags to Vintage Include trade names and Business name(s) Business name(s) doing business as names EINs EINs Where you live If Debtor 2 lives at a different address: 7618 Cadet Road Machesney Park, IL 61115 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Winnebago County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

Case 17-81120 Doc 1 Filed 05/10/17 Entered 05/10/17 14:53:14 Desc Main Document Page 3 of 51

Case number (if known) Debtor 1 James D. Sundly

Par	t 2: Tell the Court About	Your E	Bankruptcy Ca	ise			
7.	The chapter of the Bankruptcy Code you are				of each, see <i>Notice Required by 1</i> page 1 and check the appropriate	1 U.S.C. § 342(b) for Individuals Filing for Bankrup box.	otcy
	choosing to file under		Chapter 7				
			Chapter 11				
			Chapter 12				
			Chapter 13				
3.	How you will pay the fee	•	about how yo	ou may pay. Typ attorney is subr	ically, if you are paying the fee you	with the clerk's office in your local court for more ourself, you may pay with cash, cashier's check, or relf, your attorney may pay with a credit card or check.	noney
						n, sign and attach the Application for Individuals to	Pay
			I request that but is not req	ut my fee be wa uired to, waive y	our fee, and may do so only if you	only if you are filing for Chapter 7. By law, a judge ir income is less than 150% of the official poverty li	ne that
						installments). If you choose this option, you must f al Form 103B) and file it with your petition.	ill out
9.	Have you filed for		0.				
	last 8 years?	☐ Y	es.				
			District		When	Case number	
			District		When	Case number	
			District		When	Case number	
10.	Are any bankruptcy cases pending or being	■ N	0				
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	□ Y	es.				
			Debtor			Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
11.	Do you rent your residence?	ПΝ	o. Go to I	ine 12.			
	residence:	Y	es. Has yo	our landlord obta	ined an eviction judgment against	you and do you want to stay in your residence?	
			•	No. Go to line	12.		
				Yes. Fill out In bankruptcy pet		udgment Against You (Form 101A) and file it with t	his

Document Page 4 of 51 Case number (if known) Debtor 1 James D. Sundly Report About Any Businesses You Own as a Sole Proprietor Are you a sole proprietor ■ No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is ☐ Yes. alleged to pose a threat

of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Case 17-81120 Doc 1 Filed 05/10/17 Entered 05/10/17 14:53:14 Desc Main Page 5 of 51 Document

Debtor 1 James D. Sundly

Case number (if known)

15. Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 17-81120 Doc 1 Filed 05/10/17 Entered 05/10/17 14:53:14 Desc Main Document Page 6 of 51

Den	Jaines D. Sundiy				se Hullibel (II known)	
Par	6: Answer These Quest	ions for Rep	orting Purposes			
16.	What kind of debts do you have?	ir	dividual primarily for a pe	consumer debts? Consumer debts ersonal, family, or household purpos		U.S.C. § 101(8) as "incurred by an
		_	No. Go to line 16b.			
			Yes. Go to line 17.	husbass debte O.D. in 1994		14 14 1
				business debts? Business debts a vestment or through the operation of		
			No. Go to line 16c.			
			Yes. Go to line 17.			
		16c. S	tate the type of debts you	u owe that are not consumer debts o	or business debts	
17.	Are you filing under Chapter 7?	□ No. I	am not filing under Chapt	ter 7. Go to line 18.		
	Do you estimate that after any exempt property is excluded and			7. Do you estimate that after any exe available to distribute to unsecured		cluded and administrative expenses
	administrative expenses		No			
	are paid that funds will be available for distribution to unsecured creditors?	С] Yes			
18.	How many Creditors do you estimate that you	1-49		□ 1,000-5,000 □ 5001-10,000		25,001-50,000 50,001-100,000
	owe?	□ 50-99 □ 100-199		☐ 10,001-25,000		More than100,000
		200-999		, ,		,
19.	How much do you	\$ 0 - \$50	.000	□ \$1,000,001 - \$10 million	n 🗆 🕄	\$500,000,001 - \$1 billion
	estimate your assets to be worth?	□ \$50,001	- \$100,000	□ \$10,000,001 - \$50 milli		\$1,000,000,001 - \$10 billion
			1 - \$500,000 1 - \$1 million	□ \$50,000,001 - \$100 mil □ \$100,000,001 - \$500 m		\$10,000,000,001 - \$50 billion More than \$50 billion
		— \$500,00	ı - ֆı million	— \$100,000,001 \$000 III		viole than too billion
20.	How much do you	\$0 - \$50	,000	□ \$1,000,001 - \$10 million		\$500,000,001 - \$1 billion
	estimate your liabilities to be?		- \$100,000	□ \$10,000,001 - \$50 milli □ \$50,000,001 - \$100 mil		\$1,000,000,001 - \$10 billion \$10,000,000,001 - \$50 billion
			1 - \$500,000 1 - \$1 million	□ \$50,000,001 - \$100 mil		More than \$50 billion
		Δ ψ500,00	1 - WI IIIIIIOII	. , , .		·
Par						
For	you	I have exar	nined this petition, and I d	leclare under penalty of perjury that	the information pro	ovided is true and correct.
				r 7, I am aware that I may proceed, i e relief available under each chapter		
				d not pay or agree to pay someone the notice required by 11 U.S.C. § 3		ney to help me fill out this
		I request re	lief in accordance with the	e chapter of title 11, United States C	Code, specified in th	is petition.
		bankruptcy and 3571.	case can result in fines u	nt, concealing property, or obtaining p to \$250,000, or imprisonment for t		
		/s/ James D.	D. Sundly	Signature	of Debtor 2	
		Signature of		Signature	. 01 DEDIUI Z	
		Executed o	n May 10, 2017	Executed	on	
			MM / DD / YYYY		MM / DD / YY	YYY

Case 17-81120 Doc 1 Filed 05/10/17 Entered 05/10/17 14:53:14 Desc Main Document Page 7 of 51

Debtor 1 James D. Sundly

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Daniel	A. Springer	Date	May 10, 2017
Signature of	Attorney for Debtor		MM / DD / YYYY
Daniel A. S	Springer		
Springer L	aw Firm		
Firm name			
2222 E Sta	nte St		
Suite 107			
Rockford,	IL 61104		
Number, Street,	City, State & ZIP Code		
Contact phone	815.312.4725	Email address	dspringerlaw@gmail.com
6314059			
Bar number & St	tata		

		Document	Page 8 of 51		
Fill in this infor	mation to identify your	case:			
Debtor 1	James D. Sundly	,			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT OF IL	LINOIS		
Case number (if known)				☐ Check if this is an amended filing	า
-					

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Par	t 1: Summarize Your Assets		
		Your a	ssets of what you own
		value c	or what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	5,485.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	5,485.00
Par	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	7,844.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	14,966.00
	Your total liabilities	\$	22,810.00
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	4,149.08
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,265.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sch	nedules.
	■ Yes		
7.	What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal,	family, or

the court with your other schedules.

Official Form 106Sum

Summary of Yo

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

Desc Main Case 17-81120 Doc 1 Filed 05/10/17 Entered 05/10/17 14:53:14 Page 9 of 51 Case number (if known) Document

Debtor 1 James D. Sundly

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	\$ 4,932.57

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Document Page 10 of 51 Fill in this information to identify your case and this filing: Debtor 1 James D. Sundly Middle Name First Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? Part 2: **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Dodge Make: Who has an interest in the property? Check one 3 1 the amount of any secured claims on Schedule D: **Dakota** Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2006 Debtor 2 only Current value of the Current value of the 260.000 Approximate mileage: entire property? Debtor 1 and Debtor 2 only portion you own? Other information: ☐ At least one of the debtors and another \$4,025.00 \$4,025.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No □ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$4,025.00 pages you have attached for Part 2. Write that number here......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

Official Form 106A/B Schedule A/B: Property

claims or exemptions.

Case 17-81120 Doc 1 Filed 05/10/17 Entered 05/10/17 14:53:14 Desc Main Document Page 11 of 51 Case number (if known) Debtor 1 James D. Sundly Yes. Describe..... \$400.00 Household Furniture 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$100.00 TV 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ☐ No ■ Yes. Describe..... **Golf Club Collection** \$75.00 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... \$300.00 Used Clothing 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$875.00 for Part 3. Write that number here

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured

Case 17-81120 Doc 1 Filed 05/10/17 Entered 05/10/17 14:53:14 Desc Main Document Page 12 of 51 Case number (if known) Claims or except to 2 of 51.

				oldinio of exemptions.
16.	■ No	ave in your wallet, in your ho	ome, in a safe deposit box, and on hand when you file your petition	
			ounts; certificates of deposit; shares in credit unions, brokerage hou with the same institution, list each.	ses, and other similar
	■ Yes		Institution name:	
		17.1. Checking	PNC Bank	\$300.00
	■ No	investment accounts with bro	okerage firms, money market accounts	
	☐ Yes	Institution or issuer	name:	
19.	Non-publicly traded sto joint venture ■ No	ock and interests in incorp	orated and unincorporated businesses, including an interest in	an LLC, partnership, and
	☐ Yes. Give specific info	rmation about them Name of entity:	% of ownership:	
	Negotiable instruments i Non-negotiable instrume No	include personal checks, cas ents are those you cannot tra	otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. Inster to someone by signing or delivering them.	
	☐ Yes. Give specific infor	Issuer name:		
21.	Retirement or pension a Examples: Interests in IF ☐ No		103(b), thrift savings accounts, or other pension or profit-sharing plan	าร
	Yes. List each account	separately. Type of account:	Institution name:	
		Pension	Local 150 Union	Unknown
22.		deposits you have made so	that you may continue service or use from a company public utilities (electric, gas, water), telecommunications companies Institution name or individual:	, or others
23.	Annuities (A contract for	r a periodic payment of mone	ey to you, either for life or for a number of years)	
	■ No □ Yes Iss	uer name and description.		
24.	Interests in an education 26 U.S.C. §§ 530(b)(1), 5 ■ No		ualified ABLE program, or under a qualified state tuition progra	ım.
		titution name and description	n. Separately file the records of any interests.11 U.S.C. § 521(c):	
25.	Trusts, equitable or futo ■ No	ure interests in property (o	ther than anything listed in line 1), and rights or powers exerci	sable for your benefit

Official Form 106A/B Schedule A/B: Property page 3

 $\hfill \square$ Yes. Give specific information about them...

		Case 17-81120	Doc 1		Entered 05/10/17 14:53:14	Desc Main
De	ebtor 1	James D. Sundly		Document	Page 13 of 51 Case number (if known)	
	Examp ■ No	s, copyrights, trademarks vles: Internet domain names Give specific information a	s, websites, p			
	Examp ■ No	31	sive licenses		n holdings, liquor licenses, professional licens	es
		Give specific information a	bout them			
M	oney or p	property owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refu	unds owed to you				
	■ No □ Yes. 0	Give specific information at	oout them, inc	cluding whether you alre	ady filed the returns and the tax years	
29.	_ '		alimony, spo	usal support, child supp	ort, maintenance, divorce settlement, property	settlement
	■ No □ Yes. 0	Give specific information				
		amounts someone owes y oles: Unpaid wages, disabili benefits; unpaid loans	ty insurance p		efits, sick pay, vacation pay, workers' comper	nsation, Social Security
	Yes.	Give specific information				
	■ Yes.	Give specific information	State o	of Illinois		\$85.00
31.	Interest Examp	ts in insurance policies			HSA); credit, homeowner's, or renter's insurar	<u> </u>
31.	Interest Examp □ No	ts in insurance policies bles: Health, disability, or life	e insurance; h	nealth savings account (HSA); credit, homeowner's, or renter's insurar Beneficiary:	<u> </u>
31.	Interest Examp □ No	ts in insurance policies bles: Health, disability, or life Name the insurance compa Com	e insurance; hany of each popany name:	nealth savings account (nce Surrender or refund
31.	Interest Examp □ No ■ Yes. N Any intellifyou a someon ■ No	ts in insurance policies bles: Health, disability, or life Name the insurance compa Com Curi	e insurance; hany of each popany name: rent Employ	nealth savings account (olicy and list its value. yer Term Life someone who has die	Beneficiary:	Surrender or refund value:
31.	Interest Examp □ No ■ Yes. N Any interest of the second	ts in insurance policies bles: Health, disability, or life Name the insurance compa Com Curr terest in property that is derethe beneficiary of a livin ne has died. Give specific information	e insurance; hany of each popany name: rent Employ lue you from g trust, expected	nealth savings account (policy and list its value. yer Term Life someone who has die tt proceeds from a life in	Beneficiary: ed surance policy, or are currently entitled to rece	Surrender or refund value:
31.	Interest Examp □ No ■ Yes. N Any intellifyou a someon ■ No □ Yes. Claims Examp ■ No	ts in insurance policies bles: Health, disability, or life Name the insurance compa Com Curi terest in property that is dere the beneficiary of a livin ne has died. Give specific information against third parties, who	e insurance; hany of each popany name: rent Employ lue you from g trust, expected	nealth savings account (policy and list its value. yer Term Life someone who has die tt proceeds from a life in	Beneficiary: ed surance policy, or are currently entitled to rece	Surrender or refund value:
31. 32. 33.	Interest Examp □ No ■ Yes. ↑ Any interest If you as someon ■ No □ Yes. Claims Examp ■ No □ Yes. Other co ■ No	ts in insurance policies bles: Health, disability, or life Name the insurance compa Com Curr Terest in property that is deare the beneficiary of a livin ne has died. Give specific information against third parties, who bles: Accidents, employment Describe each claim	e insurance; hany of each popany name: rent Employ lue you from g trust, expected the content of the content o	nealth savings account (policy and list its value. yer Term Life someone who has die but proceeds from a life in you have filed a lawsu surance claims, or rights	Beneficiary: ed surance policy, or are currently entitled to rece	Surrender or refund value: \$0.00
31. 32. 33.	Interest Examp □ No ■ Yes. ↑ Any interest If you as someon ■ No □ Yes. Claims Examp ■ No □ Yes. Other co ■ No	ts in insurance policies bles: Health, disability, or life Name the insurance compa Com Curr terest in property that is deare the beneficiary of a livin ne has died. Give specific information against third parties, wholes: Accidents, employment	e insurance; hany of each popany name: rent Employ lue you from g trust, expected the content of the content o	nealth savings account (policy and list its value. yer Term Life someone who has die but proceeds from a life in you have filed a lawsu surance claims, or rights	Beneficiary: ed surance policy, or are currently entitled to rece it or made a demand for payment is to sue	Surrender or refund value: \$0.00
31.	Interest Examp □ No ■ Yes. N Any interest If you as someon ■ No □ Yes. Claims Examp ■ No □ Yes. Other c ■ No □ Yes.	ts in insurance policies bles: Health, disability, or life Name the insurance compa Com Curr Terest in property that is deare the beneficiary of a livin ne has died. Give specific information against third parties, who bles: Accidents, employment Describe each claim	e insurance; hany of each popany name: rent Employ lue you from g trust, expectether or not yet disputes, insued claims of	nealth savings account (policy and list its value. yer Term Life someone who has die but proceeds from a life in you have filed a lawsu surance claims, or rights	Beneficiary: ed surance policy, or are currently entitled to rece it or made a demand for payment is to sue	Surrender or refund value: \$0.00

Debtor 1	Case 17-81120 James D. Sundly	Doc 1	Filed 05/10/17 Document	Page 14 of 51	17 14:53:14 e number (if known)	Desc Main
	he dollar value of all of your tall of your					\$385.00
Part 5: Des	scribe Any Business-Related	Property You	ı Own or Have an Interes	In. List any real estate in Par	t 1.	
37. Do you o	own or have any legal or equi	table interest	in any business-related	property?		
Yes. G	Go to line 38.					
						Current value of the portion you own? Do not deduct secured claims or exemptions.
38. Accour	nts receivable or commis	sions you al	ready earned			
■ No □ Yes.	Describe					
Examp □ No -	equipment, furnishings, a bles: Business-related comp			opiers, fax machines, rugs,	telephones, desks,	chairs, electronic devices
	Compu	ter				\$200.00
■ No □ Yes. 41. Invento ■ No	nery, fixtures, equipment, Describe		u use in business, and	I tools of your trade		\$200.00
■ No □ Yes. 41. Invento ■ No □ Yes. 42. Interes ■ No	Describe Describe Describe The properties of the	supplies you ventures			of aurocrakia.	\$200.00
■ No □ Yes. 41. Invento ■ No □ Yes. 42. Interes ■ No □ Yes. 43. Custon ■ No.	Describe Describe The property of	supplies you ventures bout them e of entity:	lations	% (of ownership:	\$200.00
■ No □ Yes. 41. Invento ■ No □ Yes. 42. Interes ■ No □ Yes. 43. Custon ■ No. □ Do you	Describe Describe ts in partnerships or joint Give specific information a Nam	supplies you ventures bout them e of entity:	lations	% (of ownership:	\$200.00

Official Form 106A/B Schedule A/B: Property page 5

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached

for Part 5. Write that number here.....

☐ Yes. Give specific information.......

\$200.00

Case 17-81120 Doc 1 Filed 05/10/17 Entered 05/10/17 14:53:14 Desc Main Page 15 of 51 Document Case number (if known) Debtor 1 James D. Sundly Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? ■ No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$4,025.00 57. Part 3: Total personal and household items, line 15 \$875.00 Part 4: Total financial assets, line 36 58. \$385.00 Part 5: Total business-related property, line 45 \$200.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... \$5,485.00

Copy personal property total

Official Form 106A/B Schedule A/B: Property page 6

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$5,485.00

\$5,485.00

			$\frac{111}{11}$	
Fill in this infor	rmation to identify your	case:		
Debtor 1	James D. Sundly			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify	the	Property	You	Claim	as	Exempt
---------	----------	-----	-----------------	-----	-------	----	--------

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
Household Furniture	\$400.00		\$400.00	735 ILCS 5/12-1001(b)
Line Hotti Schedule Arb. V. I			100% of fair market value, up to any applicable statutory limit	
TV	\$100.00		\$100.00	735 ILCS 5/12-1001(b)
Line Horr Scredule A.B. 1.1			100% of fair market value, up to any applicable statutory limit	
Golf Club Collection Line from Schedule A/B: 9.1	\$75.00		\$75.00	735 ILCS 5/12-1001(b)
Ellie Holli Gareage A.B. 3.1			100% of fair market value, up to any applicable statutory limit	
Used Clothing Line from Schedule A/B: 11.1	\$300.00		\$300.00	735 ILCS 5/12-1001(a)
Line Horr Schedule A/B. 11.1			100% of fair market value, up to any applicable statutory limit	
Checking: PNC Bank Line from Schedule A/B: 17.1	\$300.00		\$300.00	735 ILCS 5/12-1001(b)
Line Hotti Scriedule A/D. 1111			100% of fair market value, up to any applicable statutory limit	

Case 17-81120 Doc 1 Filed 05/10/17 Entered 05/10/17 14:53:14 Desc Main Document Page 17 of 51

Debtor 1 James D. Sundly

Case 17-81120 Doc 1 Filed 05/10/17 Entered 05/10/17 14:53:14 Desc Main Document Page 17 of 51

Case number (if known)

				,	
	rief description of the property and line on chedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
_	Pension: Local 150 Union ine from Schedule A/B: 21.1	Unknown		100%	735 ILCS 5/12-1006
_	ine nom schedule A.B. 2111			100% of fair market value, up to any applicable statutory limit	
_	state of Illinois ine from Schedule A/B: 30.1	\$85.00		\$85.00	735 ILCS 5/12-1001(b)
_	ine nom schedule A/B. 30.1			100% of fair market value, up to any applicable statutory limit	
	Computer ine from Schedule A/B: 39.1	\$200.00		\$200.00	735 ILCS 5/12-1001(d)
L	ine nom <i>Schedule A/b.</i> 33.1			100% of fair market value, up to any applicable statutory limit	
	re you claiming a homestead exemption Subject to adjustment on 4/01/19 and every ■ No ■ Yes. Did you acquire the property cove	3 years after that for ca	ases fi	,	,
	□ No				
	☐ Yes				

Fill in this informat	tion to identify you		aae 18			
Debtor 1	James D. Sund	lv				
	First Name	·	t Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name Las	st Name			
United States Bankr	uptcy Court for the	NORTHERN DISTRICT OF ILLINO	IS			
Case number						
(if known)					☐ Checl	k if this is an
					amen	ded filing
Official Form	1060					
Official Form			-			
Schedule D	: Creditors	s Who Have Claims Se	cured	by Propert	y	12/15
		If two married people are filing together, bo out, number the entries, and attach it to thi				
. Do any creditors ha	ve claims secured b	y your property?				
□ No. Check th	is box and submit t	this form to the court with your other sche	edules. Yo	u have nothing else t	o report on this form.	
Yes. Fill in al	l of the information	below.				
Part 1: List All S	ecured Claims					
		more than one secured claim, list the creditor	separately	Column A	Column B	Column C
for each claim. If more	than one creditor has	s a particular claim, list the other creditors in P ical order according to the creditor's name.		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 OneMain Fir	nancial	Describe the property that secures the cl	laim:	\$7,844.00	\$4,025.00	\$3,819.00
Creditor's Name		2006 Dodge Dakota 260,000 mile	es			
100 Internat	ional Driva	As of the date you file, the claim is: Check	all that			
Baltimore, N		apply. Contingent				
	y, State & Zip Code	☐ Unliquidated				
,,	у, стате стр стате	☐ Disputed				
Who owes the debt	? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		An agreement you made (such as mortg	age or secu	ured		
Debtor 2 only		car loan)				
Debtor 1 and Debto	or 2 only	☐ Statutory lien (such as tax lien, mechanic	c's lien)			
At least one of the	debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this clain community debt	n relates to a	☐ Other (including a right to offset)				
Date debt was incurre	ed 11/2015	Last 4 digits of account number				
	·					
	•	Column A on this page. Write that number h	ere:	\$7,84	4.00	
If this is the last page	ge of your form, add	the dollar value totals from all pages.		\$7.87	4.00	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

\$7,844.00

Write that number here:

	Case 17-81120 L	Document	Page 19 of 51	Desc Main
Fill in this i	nformation to identify your o			
Debtor 1	James D. Sundly			
Debior 1	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing) First Name	Middle Name	Last Name	
United State	es Bankruptcy Court for the:	NORTHERN DISTRICT OF	ILLINOIS	
Case number	er			☐ Check if this is an amended filing
Schedul	orm 106E/F e E/F: Creditors W		ed Claims RITY claims and Part 2 for creditors with NONPRIOF	12/15
any executory Schedule G: E Schedule D: C eft. Attach the name and cas	contracts or unexpired leases executory Contracts and Unexpi creditors Who Have Claims Sect	that could result in a claim. Als ired Leases (Official Form 106G ured by Property. If more space e. If you have no information to	so list executory contracts on Schedule A/B: Properi i). Do not include any creditors with partially secure is needed, copy the Part you need, fill it out, number report in a Part, do not file that Part. On the top of a	ty (Official Form 106A/B) and on d claims that are listed in er the entries in the boxes on the
	reditors have priority unsecured			
■ No. G	o to Part 2.			
☐ Yes.	0.10.1.41.1.21			
	ist All of Your NONPRIORIT	Y Unsecured Claims		
□ No. Yo ■ Yes.	reditors have nonpriority unsec	art. Submit this form to the court w		
unsecure	d claim, list the creditor separately	for each claim. For each claim lis	f the creditor who holds each claim. If a creditor has sted, identify what type of claim it is. Do not list claims al ou have more than three nonpriority unsecured claims fi	ready included in Part 1. If more
				Total claim
4.1 Cor	ncast	Last 4 digits of a	account number	\$336.00
Atti PO	oriority Creditor's Name n: Bankruptcy Dept. Box 3005	When was the d	ebt incurred?	
Num	ber Street City State Zlp Code incurred the debt? Check one.	As of the date y	ou file, the claim is: Check all that apply	
	Pebtor 1 only	☐ Contingent		
	ebtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	at least one of the debtors and and	ther Type of NONPR	IORITY unsecured claim:	
	Check if this claim is for a comm	nunity	;	
debt Is th	e claim subject to offset?	Obligations at report as priority	rising out of a separation agreement or divorce that you claims	did not
		☐ Debts to pens	sion or profit-sharing plans, and other similar debts	
ΠY	´es	Other. Specify	y Utilities	

Case 17-81120 Doc 1 Filed 05/10/17 Entered 05/10/17 14:53:14 Desc Main Document Page 20 of 51 Case number (if know)

Debtor	1 James D. Sundly	Case number (if know)	
4.2	Grange Insurance	Last 4 digits of account number	\$55.00
	Nonpriority Creditor's Name c/o Central Credit Services PO Box 7230	When was the debt incurred?	
	Overland Park, KS 66207 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Fees	
4.3	Nationstar Mortgage Nonpriority Creditor's Name	Last 4 digits of account number	Unknown
	350 Highland Drive Lewisville, TX 75067	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Foreclosure	
4.4	OneMain Financial Nonpriority Creditor's Name	Last 4 digits of account number	\$8,980.00
	100 International Drive Baltimore, MD 21202	When was the debt incurred? 9/2016	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Personal Loan	

Case 17-81120 Doc 1 Filed 05/10/17 Entered 05/10/17 14:53:14 Desc Main Document Page 21 of 51
Case number (if know)

4.5	Ortholllinois	Last 4 digits of account number	\$635.00
	Nonpriority Creditor's Name Box 78620	When was the debt incurred?	·
	Milwaukee, WI 53278-8620 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical Bills	
4.6	Radiology Consultants of Rockford Nonpriority Creditor's Name	Last 4 digits of account number	\$683.00
	Attn: Bankruptcy Dept. 1401 East State Street	When was the debt incurred?	
	Rockford, IL 61104 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Oneck an that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	Other. Specify Medical Bills	
4.7	Rockford Health Physicians	Last 4 digits of account number	\$175.00
	Nonpriority Creditor's Name		Ψ170.00
	Attn: Bankruptcy Dept. 2300 N Rockton Ave.	When was the debt incurred?	
	Rockford, IL 61103		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Medical Bills	

Case 17-81120 Doc 1 Filed 05/10/17 Entered 05/10/17 14:53:14 Desc Main Document Page 22 of 51
Case number (if know)

4.8	Rockford Health System	Last 4 digits of account number	\$602.00
4.0	Nonpriority Creditor's Name		φ002.00
	Attn: Bankruptcy Dept.	When was the debt incurred?	
	2400 N Rockton Ave		
	Rockford, IL 61103 Number Street City State Zlp Code	As of the date you file the plain in Observal, all that are by	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical Bills	
4.9	Rockford Psychiatric Medical	Last 4 digits of account number	\$663.00
	Nonpriority Creditor's Name	When we the debt in sumed 0	
	1639 North Alpine Road #260 Rockford, IL 61107	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	\square Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical Bills	
4.1	Swedish American Health System	Last 4 digits of account number	\$2,624.00
0	Nonpriority Creditor's Name	Last 4 digits of account number	Ψ <u></u> ,σ <u></u> σσ
	Attn: Bankruptcy Dept.	When was the debt incurred?	
	1401 East State Street		
	Rockford, IL 61104 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the dam is. Offect all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical Bills	
		• •	

Debtor 1 James D. Sundly

Debtor 1 James D. Sundly

Debtor 1 James D. Sundly

4.1	Universty of WI	Last 4 digits of account numb	er	\$213.00
<u>'</u>	Nonpriority Creditor's Name Attn: Bankruptcy Dept PO BOX 6250	When was the debt incurred?		
	Madison, WI 53792 Number Street City State Zlp Code	As of the date you file, the clai	m is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecu	red claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sereport as priority claims	eparation agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sha	aring plans, and other similar debts	
	Yes	Other. Specify Medical I	Bills	
Part	3: List Others to Be Notified About a D	ebt That You Already Listed		
is tı hav	this page only if you have others to be notified rying to collect from you for a debt you owe to see more than one creditor for any of the debts the ified for any debts in Parts 1 or 2, do not fill out	someone else, list the original credito nat you listed in Parts 1 or 2, list the a	r in Parts 1 or 2, then list the collection agency	/ here. Similarly, if you
	e and Address	On which entry in Part 1 or Part 2 did y	_	
	GCredit LLC I: Bankruptcy Dept.	Line 4.6 of (Check one):	Part 1: Creditors with Priority Unsecured Clai	
	Box 14895		■ Part 2: Creditors with Nonpriority Unsecured	Claims
Chic	cago, IL 60614			
		Last 4 digits of account number		
	e and Address	On which entry in Part 1 or Part 2 did y		
	vergent Outsourcing	Line 4.1 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Clai	ms
	ı: Bankruptcy Dept. Box 9004		■ Part 2: Creditors with Nonpriority Unsecured	Claims
_	ton, WA 98057			
	,	Last 4 digits of account number		
Name	e and Address	On which entry in Part 1 or Part 2 did y	ou list the original creditor?	
	ditors Protection Service	Line 4.9 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Clai	ms
	: Bankruptcy Dept.		■ Part 2: Creditors with Nonpriority Unsecured	Claims
	Box 4115 kford, IL 61101			
NUC	KIOIG, IL 01 IUI	Last 4 digits of account number		
Nama	and Address	On which antonin Dort 1 or Dort 2 did a	in that the existing exaditor?	
Equ	e and Address ifax	On which entry in Part 1 or Part 2 did y Line 4.11 of (<i>Check one</i>):	Part 1: Creditors with Priority Unsecured Clai	ms
	Box 740256	or (or or or or).	Part 2: Creditors with Nonpriority Unsecured	
Atla	nta, GA 30374	Last 4 digits of account number	— Tart 2. Greditors with Nonphority offsecured	Ciairis
			Production in the Co.	
	e and Address erian	On which entry in Part 1 or Part 2 did y Line 4.11 of (<i>Check one</i>):	/ou list the original creditor? Part 1: Creditors with Priority Unsecured Clai	me
	Box 4500	Ente <u>1222</u> of (enter ente).	Part 2: Creditors with Nonpriority Unsecured	
Alle	n, TX 75013		— Tart 2. Oreditors with Noriphority Orisecured	Cidinis
		Last 4 digits of account number		
	e and Address	On which entry in Part 1 or Part 2 did y	_	
	es C. Thompson	Line 4.10 of (<i>Check one</i>):	Part 1: Creditors with Priority Unsecured Clai	
	N. Court St. kford, IL 61103		Part 2: Creditors with Nonpriority Unsecured	Claims
		Last 4 digits of account number		
Nama	e and Address	On which entry in Part 1 or Part 2 did y	you list the original creditor?	
	e and Address Imed Medical Group	Line 4.7 of (Check one):	Part 1: Creditors with Priority Unsecured Clai	ms
	Oak Creek Dr		Part 2: Creditors with Nonpriority Unsecured	

Official Form 106 E/F

Document Page 24 of 51 Debtor 1 James D. Sundly Case number (if know) Lombard, IL 60148 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Mutual Management Services Co., Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims LLC ■ Part 2: Creditors with Nonpriority Unsecured Claims 7177 Crimson Ridge Dr., Suite 10 PO Box 8740 Rockford, IL 61126-6235 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Rockford Mercantile Agency** Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Bankruptcy Dept. Part 2: Creditors with Nonpriority Unsecured Claims 2502 S Alpine Rd Rockford, IL 61108 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Rockford Mercantile Agency** Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Bankruptcy Dept. Part 2: Creditors with Nonpriority Unsecured Claims 2502 S Alpine Rd Rockford, IL 61108 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **State Collection Service** Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn: Bankruptcy Dept. Part 2: Creditors with Nonpriority Unsecured Claims PO Box 6250 Madison, WI 53701 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **TransUnion** ☐ Part 1: Creditors with Priority Unsecured Claims Line 4.11 of (Check one): 555 West Adams Street Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60661 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Winnebago County Circuit Court Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 400 W State St ■ Part 2: Creditors with Nonpriority Unsecured Claims 10 SC 1867 Rockford, IL 61101 Last 4 digits of account number Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					Total Claim
Total	6a.	Domestic support obligations	6a.	\$	0.00
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ —	
				Ψ	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
					Total Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	14,966.00

Doc 1 Filed 05/10/17 Entered 05/10/17 14:53:14 Desc Main Case 17-81120 Document

Page 25 of 51 Case number (if know) Debtor 1 James D. Sundly

Total Nonpriority. Add lines 6f through 6i.

6j. 14,966.00

Fill in this information to identify your case:								
Debtor 1	James D. Sundly							
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS					
Case number								
(if known)								

Official Form 106G

Rockford, IL 61108

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Aaron's Furniture
2528 South Alpine Road

State what the contract or lease is for

Computer Lease, \$99/month, Lessee

			HI Paue Z7 OL	\mathfrak{I}		
Fill in this	s information to identify your	case:				
Debtor 1	James D. Sundly					
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, fili	ing) First Name	Middle Name	Last Name			
United Sta	ates Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS			
Case num	nber					
(if known)					☐ Check if this is an amended filing	
Officia	ll Form 106H					
Sched	dule H: Your Code	ebtors			12/	15
□ No ■ Yes 2. With	s t hin the last 8 years, have you na, California, Idaho, Louisiana,	lived in a community pr	operty state or territory?	(Community propen		
	. Go to line 3. s. Did your spouse, former spou	una ar lagal aguivalent livu	with you at the time?			
3. In Col in line Form	lumn 1, list all of your codebto e 2 again as a codebtor only if 106D), Schedule E/F (Official column 2.	ors. Do not include your f that person is a guaran	spouse as a codebtor if tor or cosigner. Make su	re you have listed t	he creditor on Schedule D (Of	ficial
	Column 1: Your codebtor Name, Number, Street, City, State and ZIF	P Code		Column 2: The cre Check all schedul	editor to whom you owe the d	ebt
	Michelle Sherwood 5375 Pocono Drive Loves Park, IL 61111			☐ Schedule D, I ■ Schedule E/F ☐ Schedule G	ine	

Case 17-81120 Doc 1 Filed 05/10/17 Entered 05/10/17 14:53:14 Desc Main Document Page 28 of 51

Fill	in this information to	identify your ca	ase:								
		James D. Su									
	otor 2										
Uni	ted States Bankruptc	y Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS	6						
(If kr	se number			-					ed filing ent showin	g postpetition ollowing date:	
	fficial Form 1						Ī	MM / DD/ Y	YYYY		
	chedule I: Y		ome sible. If two married peo								12/15
spo atta	use. If you are separ ch a separate sheet	rated and you to this form. (Employment	are married and not filir r spouse is not filing w On the top of any additi	ith you, do not	include info	rmat	ion abou	it your spo umber (if	ouse. If mo known). A	ore space is	needed,
	If you have more than one job,			■ Employed	 d			☐ Empl			
	attach a separate page with information about additional employers.		Employment status	☐ Not emplo	ot employed			☐ Not e	mployed		
			Occupation	Material Te	ester						
	Include part-time, so self-employed work		Employer's name	Flood Test	ing Labs						
	Occupation may incor homemaker, if it		Employer's address	1945 East Chicago, II	87th Street L 60617						
			How long employed t	here? 2	years			_			
Par	t 2: Give Deta	ils About Mor	thly Income								
	mate monthly incomuse unless you are se		ate you file this form. If	you have nothir	ng to report fo	r any	line, writ	e \$0 in the	space. Inc	clude your no	n-filing
	ou or your non-filing sp e space, attach a sep		ore than one employer, co	ombine the info	rmation for all	emp	loyers for	r that perso	on on the li	nes below. If	you need
							For De	ebtor 1		btor 2 or ng spouse	
2.			ry, and commissions (b calculate what the monthl			\$		4,612.23	\$	N/A	
3.	Estimate and list n	monthly overti	ime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross In	come. Add lin	ne 2 + line 3.		4.	\$	4,6	12.23	\$	N/A	

Case 17-81120 Doc 1 Filed 05/10/17 Entered 05/10/17 14:53:14 Desc Main Document Page 29 of 51

Debto	or 1	James D. Sundly	-		Case	e number (if know	7)				
	Con	y line 4 here	4.		Fo \$	r Debtor 1 4,612.2	2		Debtor :		
	-		7.	•	Ψ_	4,012.2	_	Ψ		11//	_
5.	List 5a.	all payroll deductions: Tax, Medicare, and Social Security deductions	5	a.	\$_	1,373.0	2_	\$		N/A	_
	5b.	Mandatory contributions for retirement plans		b.	\$_	0.0	_	\$		N/A	_
	5c.	Voluntary contributions for retirement plans		C.	\$_	0.0	_	\$		N/A	_
	5d.	Required repayments of retirement fund loans		d.	\$_	0.0		\$		N/A	_
	5e.	Insurance		e.	\$_	0.0	_	\$		N/A	_
	5f.	Domestic support obligations	51		\$_ \$	0.0	_	\$ 		N/A	_
	5g. 5h.	Union dues Other deductions. Specify: PAC	5 <u>.</u>	y. h.+	: -	133.1 6.2		+ \$ —		N/A N/A	_
6		· , 			· -		_				_
		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ _	1,512.3		\$		N/A	_
		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	•	\$_	3,099.8	<u> </u>	\$		N/A	-
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total									
		monthly net income.		a.	\$_	0.0		\$		N/A	_
	8b.	Interest and dividends	_	b.	\$_	0.0	0	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80	c.	\$_	0.0	0_	\$		N/A	_
	8d.	Unemployment compensation	80	d.	\$	0.0	0	\$		N/A	_
	8e.	Social Security	86	e.	\$_	0.0	0	\$		N/A	_
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	e 81 89		\$_ \$	0.0 0.0	_	\$		N/A N/A	_
	8h.	Other monthly income. Specify: Mother's Social Security		y. h.+	· -	793.0	_	+ \$		N/A	_
	···	Mother's Pension	— °.		\$-	256.2	_	· \$		N/A	_
		motici 3 i ciision	_	1		200.2	_	_		14/7	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	.	\$_	1,049.2	3	\$		N/A	4
10.	Cald	culate monthly income. Add line 7 + line 9.	10.	\$		4,149.08 +	\$		N/A	= \$	4,149.08
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.									.,
	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	dep						chedule 11.		0.00
		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies							12.	\$	4,149.08
13.	Do y	you expect an increase or decrease within the year after you file this form	?							Combi monthl	ned ly income
		No. Yes. Explain:									

Case 17-81120 Doc 1 Filed 05/10/17 Entered 05/10/17 14:53:14 Desc Main Document Page 30 of 51

- :	in this is 6	San La Colonia						
FIII	in this informa	tion to identify yo	our case:					
Deb	tor 1	James D. Su	ındly				eck if this is:	
Deb	otor 2						An amended filing A supplement sho	wing postpetition chapter
(Spo	ouse, if filing)					_		the following date:
Unit	ed States Bankr	uptcy Court for the	: NORTH	ERN DISTRICT OF ILLIN	IOIS		MM / DD / YYYY	
	e number nown)							
Of	fficial Fo	rm 106J						
		J: Your	Exper	ises				12/15
Be info nur	as complete a ormation. If m mber (if know	and accurate as	possible eded, atta ry questio	. If two married people a ich another sheet to this				or supplying correct
Par 1.	Is this a join		enoia					
	■ No. Go to	line 2.	in a senar	ate household?				
	□ res. Doe		п а зераг	ate flousefloid:				
			st file Offici	al Form 106J-2, Expenses	s for Separate House	ehold of De	ebtor 2.	
2.	Do you have	e dependents?	□ No					
	Do not list De Debtor 2.	•	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents				Mother		70	■ Yes
								□ No
								☐ Yes ☐ No
								☐ No
								□ No
								☐ Yes
3.	expenses of	enses include people other t	han $_{\square}$	No Yes			<u> </u>	
	yourself and	d your depende	nts? □	162				
exp	imate your ex		our bankr	uptcy filing date unless				apter 13 case to report of the form and fill in the
٠.		e naid for with	non-cash	government assistance	if you know			
the	value of such ficial Form 10	n assistance an	d have inc	cluded it on Schedule I:	Your Income		Your exp	enses
4.		r home owners d any rent for th		ses for your residence.	nclude first mortgag	e 4.	\$	800.00
	If not includ	ed in line 4:						
	4a. Real e	state taxes				4a.	\$	0.00
		rty, homeowner's				4b.	\$	0.00
				upkeep expenses		4c.	·	60.00
5		owner's associat		dominium dues our residence. such as ho	umo oquity loons	4d. 5.	·	0.00
O.	Auditional n	nortuaue bavmi	ents for vo	our r esidence. Such as no	ine equity loans	ຸກ.	JD .	0.00

Case 17-81120 Doc 1 Filed 05/10/17 Entered 05/10/17 14:53:14 Desc Main Document Page 31 of 51

James D. Sundly		Case numl	per (if known)	
6. Utilities:				
6a. Electricity, heat, natural	gas	6a.	\$	0.00
6b. Water, sewer, garbage	3	6b.	·	0.00
, , , ,	Internet, satellite, and cable services	6c.		140.00
6d. Other. Specify:		6d.	\$	0.00
7. Food and housekeeping su	oplies	7.	\$	800.00
. Childcare and children's ed	•	8.	\$	0.00
. Clothing, laundry, and dry c		9.	\$	150.00
0. Personal care products and	_	10.	· .	100.00
Medical and dental expense		11.	·	25.00
 Transportation. Include gas, 		11.	Ψ	25.00
Do not include car payments.	maintenance, bus of train rare.	12.	\$	860.00
	ation, newspapers, magazines, and books	13.	\$	75.00
4. Charitable contributions and		14.	\$	0.00
5. Insurance.	a rongroup demanding		<u> </u>	0.00
	ucted from your pay or included in lines 4 or 20			
15a. Life insurance		15a.	\$	0.00
15b. Health insurance		15b.		0.00
15c. Vehicle insurance		15c.	·	105.00
15d. Other insurance. Specify	r	15d.	·	0.00
	leducted from your pay or included in lines 4 or		<u> </u>	0.00
Specify:	reducted from your pay or included in lines 4 or	16.	\$	0.00
7. Installment or lease paymer	nts:			
17a. Car payments for Vehic		17a.	\$	0.00
17b. Car payments for Vehic	ele 2	17b.	\$	0.00
17c. Other. Specify:		17c.	\$	0.00
17d. Other. Specify:		17d.	\$	0.00
	maintenance, and support that you did not r	eport as		
	line 5, Schedule I, Your Income (Official For	m 106I). 18.		0.00
Other payments you make t	o support others who do not live with you.		\$	0.00
Specify:		19.		
	es not included in lines 4 or 5 of this form or			
20a. Mortgages on other pro	perty	20a.	·	0.00
20b. Real estate taxes		20b.		0.00
20c. Property, homeowner's	, or renter's insurance	20c.	\$	0.00
20d. Maintenance, repair, ar	nd upkeep expenses	20d.	\$	0.00
20e. Homeowner's associati	on or condominium dues	20e.	\$	0.00
1. Other: Specify: Birthdays	s/Holidays/Haircuts	21.	+\$	150.00
 Calculate your monthly expenses 22a. Add lines 4 through 21. 	tiloto		¢	2 205 00
9	roonage for Dobtor 2) if any from Official Farm	10613	\$	3,265.00
	penses for Debtor 2), if any, from Official Form	100J-2	\$	
22c. Add line 22a and 22b. T	he result is your monthly expenses.		\$	3,265.00
B. Calculate your monthly net	income.			
	bined monthly income) from Schedule I.	23a.	\$	4,149.08
23b. Copy your monthly exp		23b.	· -	3,265.00
200. Copy your monthly exp	SHOOS HOTH IIIIC ZZC ADOVC.	230.	<u> </u>	3,203.00
23c. Subtract your monthly e	expenses from your monthly income.			
The result is your <i>monta</i>		23c.	\$	884.08
•	-	!		
	or decrease in your expenses within the yea			
	sh paying for your car loan within the year or do you e	expect your mortgage p	payment to increa	ase or decrease because of
modification to the terms of your n	юпдаде?			
■ No.				
☐ Yes Explain here	5 .			

Case 17-81120 Doc 1 Filed 05/10/17 Entered 05/10/17 14:53:14 Desc Main Document Page 32 of 51

=11.1					
Fill in th	nis information to identify your	case:			
Debtor 1	James D. Sundly First Name	Middle Name	Last Name		
Debtor 2		Middle Name	Last Name		
(Spouse if,		Middle Name	Last Name		
United S	States Bankruptcy Court for the:	NORTHERN DISTRIC	T OF ILLINOIS		
Case nu	ımher				
(if known)					Check if this is an amended filing
Decl	al Form 106Dec aration About a				12/15
obtaining		n connection with a bar		s. Making a false statement, con in fines up to \$250,000, or impri	
Dio	d you pay or agree to pay some	eone who is NOT an atto	ornev to help you fill out h	pankruptcy forms?	
.	No		moy to notp you mi out a	annuapicy ioimo.	
_	Yes. Name of person			Attach Bankruptcy Pet	ition Preparer's Notice, ature (Official Form 119)
	ler penalty of perjury, I declare they are true and correct.	that I have read the sur	nmary and schedules file	ed with this declaration and	
Х	/s/ James D. Sundly		X		
	James D. Sundly Signature of Debtor 1		Signature of	Debtor 2	
	Date May 10, 2017		Date		

Case 17-81120 Doc 1 Filed 05/10/17 Entered 05/10/17 14:53:14 Desc Main Document Page 33 of 51

Fill in th	his inform	ation to identify you	r case:			
Debtor 1	1	James D. Sundly	ı			
		First Name	Middle Name	Last Name		
Debtor 2 (Spouse if,		First Name	Middle Name	Last Name		
United S	States Ban	kruptcy Court for the:	NORTHERN DISTRICT O	OF ILLINOIS		
Case nu	ımher					
(if known)					_	Check if this is an mended filing
Oπ: -:	:-! -	407				
		<u>m 107</u> of Financial /	Affairs for Individ	luals Filing for B	ankruntov	4/16
informat	tion. If mo	ore space is needed,	attach a separate sheet to		equally responsible for sup additional pages, write you	
number	(if known)). Answer every ques	stion.			
Part 1:	Give De	etails About Your Ma	rital Status and Where You	Lived Before		
1. Wh	at is your	current marital statu	s?			
п	Married					
	Not marr	ied				
2. Dur	ring the la	st 3 years, have you	lived anywhere other than	where you live now?		
_	_	,	•	•		
_	No Vac Liet	all of the places you li	ived in the last 3 years. Do no	ot include where you live now		
_		, ,	·			
De	ebtor 1 Prio	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory co, Texas, Washington and W	
	No					
		ke sure you fill out Sch	nedule H: Your Codebtors (Ot	ficial Form 106H).		
Part 2	Evnlain	the Sources of You	r Income			
I alt Z	Explain	Title Cources of Tou	i ilicollic			
Fill	in the total	amount of income you	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?
	No					
	Yes. Fill i	n the details.				
			Debtor 1		Debtor 2	
			Sources of income	Gross income	Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:			■ Wages, commissions, bonuses, tips	\$17,948.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

Page 34 of 51 Case number (if known) Debtor 1 James D. Sundly

				Debtor 1		Debtor 2			
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that applications			
	r last calend Inuary 1 to		31, 2016)	■ Wages, commissions, bonuses, tips	\$53,542.0	Wages, combonuses, tips	☐ Wages, commissions, bonuses, tips		
				☐ Operating a business		☐ Operating a I	business		
	r the calend nuary 1 to			■ Wages, commissions, bonuses, tips	\$52,000.0	0 ☐ Wages, combonuses, tips	ımissions,		
				☐ Operating a business		Operating a l	business		
5.	Include include and other provings. I List each s	ome regard oublic benef f you are fili	less of whetl it payments; ng a joint ca: ne gross inco		camples of other income as rest; dividends; money co you received together, list	re alimony; child suppo llected from lawsuits; it only once under De			
				Debtor 1		Debtor 2			
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inco Describe below.			
	r last calend Inuary 1 to		31, 2016)	Unemployment	\$3,496.0	0			
	r the calend nuary 1 to			Unemployment	\$4,000.0	0			
	10	0.44.5							
Ра				Made Before You Filed for					
6.	Are either ☐ No.	Neither De	btor 1 nor I	's debts primarily consume Debtor 2 has primarily cons a personal, family, or househo	umer debts. Consumer d	ebts are defined in 11	U.S.C. § 101(8) as "incurred by a		
			90 days befo	ore you filed for bankruptcy, d	lid you pay any creditor a t	total of \$6,425* or mor	re?		
		□ No.	Go to line 7	7.					
		Yes * Subject t	paid that co		nts for domestic support o this bankruptcy case.	bligations, such as ch	yments and the total amount you nild support and alimony. Also, do of adjustment.		
	■ Yes.			or both have primarily conso		total of \$600 or more?	?		
		□ No.	Go to line 7	7.					
		■ Yes	include pay				you paid that creditor. Do not Also, do not include payments to a		
	Creditor's	s Name and	l Address	Dates of payme	ent Total amount		Was this payment for		

Page 35 of 51
Case number (if known) Debtor 1 James D. Sundly

	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pa	yment for					
	OneMain Financial 100 International Drive Baltimore, MD 21202	1/2017 - 2/2017	\$772.00	\$7,844.00	☐ Mortgage ■ Car ☐ Credit Ca ☐ Loan Rep ☐ Suppliers ☐ Other	rd payment					
7.	Insiders include your relatives; any general pa of which you are an officer, director, person in	_									
	No No										
	Yes. List all payments to an insider.										
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment					
8.	Within 1 year before you filed for bankrupt	ny did you maka any nav	monto or transfer (any proporty on o	nogunt of a da	sht that banafitad an					
 Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a de insider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments to an insider 											
	Insider's Name and Address	Dates of payment	Total amount	Amount you	Reason for	this payment					
		Dates of paymont	paid	still owe	Include credi						
Pa	t 4: Identify Legal Actions, Repossession	ns, and Foreclosures									
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.										
	Case title Case number	Nature of the case	Court or agency		Status of the case						
10.	Within 1 year before you filed for bankrupte Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address	, , , , ,	erty repossessed, f	oreclosed, garnis	hed, attached	, seized, or levied? Value of the					
		Explain what happened	d			property					
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment bec. No Yes. Fill in the details.		luding a bank or fii	nancial institution	, set off any a	mounts from your					
	Creditor Name and Address	Describe the action the	e creditor took	Date taker	action was	Amount					
12.	Within 1 year before you filed for bankrupte court-appointed receiver, a custodian, or a ■ No □ Yes		erty in the possess	ion of an assigne	e for the bene	fit of creditors, a					

Page 36 of 51
Case number (if known) Document Debtor 1 James D. Sundly

Par	t 5: List Certain Gifts and Contributions								
13.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift.	tcy,	did you give any gifts with a total value of more t	han \$600 per person	?				
	Gifts with a total value of more than \$600 per person		Describe the gifts	Dates you gave the gifts	Value				
	Person to Whom You Gave the Gift and Address:								
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No □ Yes. Fill in the details for each gift or contribution.								
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)		Describe what you contributed	Dates you contributed	Value				
Par	t 6: List Certain Losses								
15.	Within 1 year before you filed for bankruptor gambling? No Yes. Fill in the details.	cy or	since you filed for bankruptcy, did you lose anyt	thing because of the	ft, fire, other disaster,				
	how the loss occurred	clude	ibe any insurance coverage for the loss e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost				
Par	t 7: List Certain Payments or Transfers								
16.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.								
	□ No■ Yes. Fill in the details.								
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	J	Description and value of any property transferred	Date payment or transfer was made	Amount of payment				
	Person Who Made the Payment, if Not You 001DebtorCC 378 Summit Ave. Jersey City, NJ 07306 www.debtorcc.org		\$14.95	4/17/2017	\$14.95				
	Springer Law Firm 2222 E State St, Suite 107 Rockford, IL 61104		\$500.00	4/2017	\$500.00				
17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.								
	■ No□ Yes. Fill in the details.								
	Person Who Was Paid Address		Description and value of any property transferred	Date payment or transfer was made	Amount of payment				

Case 17-81120 Doc 1 Filed 05/10/17 Entered 05/10/17 14:53:14 Desc Main Page 37 of 51 Case number (if known) Document

Debtor 1 James D. Sundly

 Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than protransferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property) include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. 						
	Person Who Received Transfer	Description and va		Describe any pro		Date transfer was
	Address Person's relationship to you	property transferre	ed	payments receive paid in exchange		made
	Sister	24' Brunswick N Pontoon boat w		\$800		3/2017
	Sister	4000				
	Within 10 years before you filed for bankruptobeneficiary? (These are often called asset-prote No ☐ Yes. Fill in the details.		y property to a s	elf-settled trust or s	imilar device o	f which you are a
	Name of trust	Description and va	alue of the prop	erty transferred		Date Transfer was made
Par	8: List of Certain Financial Accounts, Insti	ruments, Safe Deposit	Boxes, and Sto	rage Units		
		other financial accoun	ts; certificates o	of deposit; shares ir	banks, credit of the banks, cr	
	Do you now have, or did you have within 1 ye cash, or other valuables?	ar before you filed for	bankruptcy, any	safe deposit box o	r other deposit	ory for securities,
	□ No■ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)		Describe the contents		Do you still have it?
	PNC Bank 5817 North 2nd Street Loves Park, IL 61111	James Sundly	;	Great-Great Uncle Security Card, impo papers, old army l	oortant	□ No ■ Yes
22.	Have you stored property in a storage unit or	place other than your	home within 1 y	ear before you filed	for bankruptcy	1?
	■ No					
	Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, St State and ZIP Code)		Describe the conten	ts	Do you still have it?

Case 17-81120 Doc 1 Filed 05/10/17 Entered 05/10/17 14:53:14 Desc Main Page 38 of 51
Case number (if known) Document

Debtor 1 James D. Sundly

Par	t 9: Identify Property You Hold or Control for S	omeone Else					
23.	Do you hold or control any property that someor for someone.	ne else owns? Include any proper	ty yo	ou borrowed from, are storing for	, or hold in trust		
	■ No □ Yes. Fill in the details.						
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Des	scribe the property	Value		
Par	t 10: Give Details About Environmental Information	tion					
For	the purpose of Part 10, the following definitions a	apply:					
	Environmental law means any federal, state, or letoxic substances, wastes, or material into the air regulations controlling the cleanup of these substances.	r, land, soil, surface water, ground	_	•			
	Site means any location, facility, or property as of to own, operate, or utilize it, including disposal s	-	law,	whether you now own, operate, o	or utilize it or used		
	Hazardous material means anything an environn hazardous material, pollutant, contaminant, or si		s was	ste, hazardous substance, toxic s	substance,		
Rep	ort all notices, releases, and proceedings that yo	u know about, regardless of wher	n the	ey occurred.			
24.	Has any governmental unit notified you that you	may be liable or potentially liable	unc	ler or in violation of an environme	ental law?		
	■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice		
25.	Have you notified any governmental unit of any r	elease of hazardous material?					
	■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice		
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.						
	■ No □ Yes. Fill in the details.						
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nat	ture of the case	Status of the case		
Par	t 11: Give Details About Your Business or Conn	ections to Any Business					
27.	Within 4 years before you filed for bankruptcy, d	id you own a business or have ar	ıy of	the following connections to any	business?		
	■ A sole proprietor or self-employed in a tr	ade, profession, or other activity,	eith	er full-time or part-time			
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)						
	☐ A partner in a partnership						
	☐ An officer, director, or managing executive of a corporation						
	☐ An owner of at least 5% of the voting or €	equity securities of a corporation					

Case 17-81120 Doc 1 Filed 05/10/17 Entered 05/10/17 14:53:14 Page 39 of 51 Document Case number (if known) Debtor 1 James D. Sundly No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Rags to Vintage **Antique Sales** EIN: From-To 2010 - 2013 Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. **Date Issued** Name **Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ James D. Sundly Signature of Debtor 2 James D. Sundly Signature of Debtor 1 Date May 10, 2017 Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

Official Form 107

■ No
□ Yes

No

Case 17-81120 Doc 1 Filed 05/10/17 Entered 05/10/17 14:53:14 Desc Main Document Page 40 of 51

Fill in this informa	ation to identify your	case:				
Debtor 1	James D. Sundly First Name	Middle Name		Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name		Last Name		
United States Bank	kruptcy Court for the:	NORTHERN DIST	IRICT OF ILLI	NOIS		
Case number						D. Observator (Citation Communication)
(ii known)						Check if this is an amended filing
-						Ŭ
Official For	m 100					
		on for India	ماميناه!	Cilina I Indan	Chantar '	7
Statemen	of intention	on for indiv	iduais	Filing Under (Cnapter	12/15
If you are an indivi	dual filing under cha	apter 7. vou must fil	out this forn	ı if:		
	claims secured by ye	. ,,				
	d personal property					
						r the meeting of creditors, editors and lessors you list
on the fo	rm					
	ple are filing togethe date the form.	er in a joint case, bo	th are equally	responsible for supplying	ng correct inform	nation. Both debtors must
	d accurate as possi ir name and case nu		needed, atta	ch a separate sheet to th	is form. On the	top of any additional pages,
Part 1: List You	ur Craditara Wha Hay	ro Socured Claims				
	ır Creditors Who Hav					
1. For any creditor information below		art 1 of Schedule D	: Creditors W	ho Have Claims Secured	by Property (Of	ficial Form 106D), fill in the
	itor and the property	that is collateral		ou intend to do with the p	roperty that	Did you claim the property
			secures a	iebt?		as exempt on Schedule C?
Craditaria O	-Main Financial		_			_
Creditor's On name:	eMain Financial			er the property.		No
name.				he property and redeem it. he property and enter into a		☐ Yes
	2006 Dodge Dako miles	ta 260,000	_ Reaffirn	nation Agreement.		
property securing debt:	iiiles		☐ Retain th	e property and [explain]:		
	r Unexpired Person		in Schadula (: Evecutory Contracts a	nd Unevnired L	eases (Official Form 106G), fill
in the information	below. Do not list re	al estate leases. Un	expired lease	s are leases that are still ses not assume it. 11 U.S.	in effect; the lea	ase period has not yet ended.
Describe your un	expired personal pro	perty leases			Wi	II the lease be assumed?
Lessor's name:	Assaula Franci	4			_	
Lessor's name.	Aaron's Furn	ture			Ц	No
						Yes
Description of leas Property:	ed Computer Lea	ase, \$99/month, L	essee			
Part 3: Sign Be	low					
Jigii De						

Case 17-81120 Doc 1 Filed 05/10/17 Entered 05/10/17 14:53:14 Desc Main Document Page 41 of 51

Deb	otor 1 James D. Sundly	Case number (if known)
	er penalty of perjury, I declare that I have indicate that I have indicate that is subject to an unexpired lease.	ted my intention about any property of my estate that secures a debt and any personal
Х	/s/ James D. Sundly	v
^	James D. Sundly	Signature of Debtor 2
	Signature of Debtor 1	
	Date May 10, 2017	Date

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit
AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-81120 Doc 1 Filed 05/10/17 Entered 05/10/17 14:53:14 Desc Main Document Page 46 of 51

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

In r	e James D. Sundly		Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COME	PENSATION OF ATTOR	NEY FOR DE	CBTOR(S)	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the be rendered on behalf of the debtor(s) in contemplati	filing of the petition in bankruptcy,	or agreed to be paid	to me, for services rendered or	r to
	For legal services, I have agreed to accept		\$	500.00	
	Prior to the filing of this statement I have receive	red	\$	500.00	
	Balance Due			0.00	
2.	The source of the compensation paid to me was:				
	\blacksquare Debtor \square Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed co	ompensation with any other person u	unless they are mem	pers and associates of my law	firm
	☐ I have agreed to share the above-disclosed comp copy of the agreement, together with a list of the				A
5.	In return for the above-disclosed fee, I have agreed t	o render legal service for all aspects	of the bankruptcy c	ase, including:	
	 a. Analysis of the debtor's financial situation, and reb. Preparation and filing of any petition, schedules, c. Representation of the debtor at the meeting of cred. [Other provisions as needed] Negotiations with secured creditors reaffirmation agreements and applications of the secure o	statement of affairs and plan which editors and confirmation hearing, and to reduce to market value; executions as needed; preparation	may be required; d any adjourned hea mption planning;	rings thereof;	
6.	By agreement with the debtor(s), the above-disclosed Representation of the debtors in any any other adversary proceeding.			es, relief from stay actions	s or
		CERTIFICATION			
this	I certify that the foregoing is a complete statement of bankruptcy proceeding.	f any agreement or arrangement for	payment to me for re	epresentation of the debtor(s) i	.n
	May 10, 2017	/s/ Daniel A. Sprin	ger		
_	Date	Daniel A. Springer	r		
		Signature of Attorney Springer Law Firn			
		2222 E State St	•		
		Suite 107 Rockford, IL 6110	4		
		815.312.4725	7		
		dspringerlaw@gm	nail.com		
1		Name of law firm			

Springer Law Firm

2222 East State St. # 107, Rockford, IL

815.312.4725

CHAPTER 7 RETAINER AGREEMENT

The undersigned agrees to hire Springer Law Firm to represent the undersigned in a Chapter 7 bankruptcy and agrees to the following terms and conditions:

- 1. The attorney fees for the Chapter 7 bankruptcy are \$500. This is a flat fee arrangement, and does not include the court costs, which are currently \$335. This is the total of your attorney fees, and Springer Law Firm will not charge you for additional work. However, if you refuse to cooperate, or fail to provide information as requested by our attorney, your case may be closed.
- 2. Fees paid to the firm become property of the firm upon payment. If before the case is filed, you decide to close out your case, Springer Law Firm will refund you any fees not earned. I assign to Springer Law Firm any amount paid towards court costs and filing fees. I authorize Springer Law Firm to transfer said funds to the firm's operating account if I decide not to file for bankruptcy, or if I breach this contract.
- 3. I agree to disclose all pertinent information to Springer Law Firm, so that the firm can properly disclose all my assets, debts, and financial history to the court. I agree to keep the firm informed on any new assets or debts I may incur from this date forward. If I do not provide the proper information, or do not cooperate with Springer Law Firm, said firm may withdraw from representation, with permission of the court.
- 4. I understand that I may not be able to protect all of my property. The bankruptcy code does not provide exemptions for everything, and as such, some of my property may be taken by the Trustee and sold.

 Additionally, if my income is too high, or if my income is not offset enough by my expenses, I understand that the Trustee may dismiss my case, or require me to file a Chapter 13 instead of a Chapter 7.
- 5. I understand that not all of my debts may be discharged in a Chapter 7 bankruptcy. Student loans, educational debts, undisclosed debt, support/maintenance, fines, debts incurred by fraud, future association/condo HOA dues, certain tax debts, or debts found non-dischargeable by a Judge are among the debts not dischargeable.
- 6. I understand that this retainer agreement is for bankruptcy representation only. Springer Law Firm will not represent me in any other case or legal matter, unless agreed to in a separate retainer agreement. This includes adversary proceedings that may fall under the bankruptcy case. This agreement does not include representation in such adversary proceedings.
- 7. I understand that all money paid towards attorney fees is non-refundable. I understand that once I pay Springer Law, that Springer Law begins work on my case. I understand that the majority of bankruptcy work is done prior to the filing of the case, and because of this the fees are earned even before the filing of the case.
- 8. I understand that before I transfer or sell any property, or incur any new debt, I will first notify Springer Law Firm and consult on the impact such action will have on my bankruptcy.
- 9. I understand that I must take 2 classes pertaining to financial management and credit counselling. Failure to take these courses will result in either my case NOT being filed, or if filed, possibly dismissed. If my case is dismissed, I understand that I will have to pay to have my case re-opened by Springer Law Firm.
- 10. I have received the 11 U.S.C. § 527(a) disclosures and have read them.

Dated: 4 24 17

Signature:

Print Name:

Attorney Signature:

Attorney Print:

United States Bankruptcy Court Northern District of Illinois

		Northern District of Illinois		
In re	James D. Sundly	Debtor(s)	Case No. Chapter 7	
		Decidi(s)	Chapter	
	VI	ERIFICATION OF CREDITOR M	ATRIX	
		Number of	Creditors:	25
	The above-named Debtor(s (our) knowledge.) hereby verifies that the list of credit	ors is true and correct to	the best of my
Date:	May 10, 2017	/s/ James D. Sundly James D. Sundly Signature of Debtor		

Aaron's Furniture 2528 South Alpine Road Rockford, IL 61108

ATG Credit LLC Attn: Bankruptcy Dept. PO Box 14895 Chicago, IL 60614

Comcast Attn: Bankruptcy Dept. PO Box 3005 Southeastern, PA 19398

Convergent Outsourcing Attn: Bankruptcy Dept. PO Box 9004 Renton, WA 98057

Creditors Protection Service Attn: Bankruptcy Dept. PO Box 4115 Rockford, IL 61101

Equifax PO Box 740256 Atlanta, GA 30374

Experian PO Box 4500 Allen, TX 75013

Grange Insurance c/o Central Credit Services PO Box 7230 Overland Park, KS 66207

James C. Thompson 515 N. Court St. Rockford, IL 61103

Michelle Sherwood 5375 Pocono Drive Loves Park, IL 61111 Miramed Medical Group 991 Oak Creek Dr Lombard, IL 60148

Mutual Management Services Co., LLC 7177 Crimson Ridge Dr., Suite 10 PO Box 8740 Rockford, IL 61126-6235

Nationstar Mortgage 350 Highland Drive Lewisville, TX 75067

OneMain Financial 100 International Drive Baltimore, MD 21202

OrthoIllinois Box 78620 Milwaukee, WI 53278-8620

Radiology Consultants of Rockford Attn: Bankruptcy Dept. 1401 East State Street Rockford, IL 61104

Rockford Health Physicians Attn: Bankruptcy Dept. 2300 N Rockton Ave. Rockford, IL 61103

Rockford Health System Attn: Bankruptcy Dept. 2400 N Rockton Ave Rockford, IL 61103

Rockford Mercantile Agency Attn: Bankruptcy Dept. 2502 S Alpine Rd Rockford, IL 61108

Rockford Psychiatric Medical 1639 North Alpine Road #260 Rockford, IL 61107 State Collection Service Attn: Bankruptcy Dept. PO Box 6250 Madison, WI 53701

Swedish American Health System Attn: Bankruptcy Dept. 1401 East State Street Rockford, IL 61104

TransUnion 555 West Adams Street Chicago, IL 60661

Universty of WI Attn: Bankruptcy Dept PO BOX 6250 Madison, WI 53792

Winnebago County Circuit Court 400 W State St 10 SC 1867 Rockford, IL 61101